

FORM GST APL - 03

[See rule 109(1)]

Application to the Appellate Authority under sub-section (2) of Section 107

1.	Name	and	design	ation o	of the	appellant	
			0			11	

Name-

Designation-

Jurisdiction-

State/Center-

Name of the State-

- 2. GSTIN/ Temporary ID /UIN-
- 3. Order no.

Date-

- 4. Designation and address of the officer passing the order appealed against-
- 5. Date of communication of the order appealed against-
- 6. Details of the case under dispute-
 - (i) Brief issue of the case under dispute-
 - (ii) Description and classification of goods/ services in dispute-
 - (iii) Period of dispute-
 - (iv) Amount under dispute-

Description	Central tax	State/ UT	Integrated	Cess
		tax	tax	
a) Tax/ Cess				
b) Interest				
c) Penalty				
d) Fees				
e) Other charges				

- 7. Statement of facts-
- 8. Grounds of appeal-
- 9. Prayer-
- 10. Amount of demand in dispute, if any -

Particulars of	Particulars		Centra	State/UT	Integrated	Cess	Total a	mount
demand/refund			l tax	tax	tax			
, if any	Amount of	a) Tax/					< total	<
	demand	Cess						total
	created,							
	if any (A)						>	>
		b)	1				<	
		Interest					total	
							>	
]					

S. K. AGRAWA
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PRACTITIONERS TO

1		1	1 1		•
	c)			<	
	Penalty			total >	
				<	
	d) Fees			total	
				>	
	e)				
	Other			< total	
	charges				
	a) Tow/			<	
	a) Tax/ Cess			total	
	CCSS			>	
	b)			<	
	Interest			total	
				>	
	c)			<	
Amount under	Penalty			total	<
dispute				>	total >
(B)				<	
	d) Fees			total	
	,			>	
	e)				
	Other			<	
	charges			total	
				>	

Place: Date:	
Date.	Signature>
	Name of the Applicant Officer:
Designation:	
Jurisdiction:	